



CITY OF EUREKA Building Department

531 K Street Eureka, California 95501-1165

(707) 441-4155 • fax (707) 441-4202

ACCESSIBILITY COMPLAINT FORM

1. Please fill out this form as accurately as possible.
2. Please make this report legible and understandable. PLEASE PRINT OR TYPE.
3. Please attach any supporting documentation.

REPORTED BY (OPTIONAL)

Name: _____

Address: _____

City: _____

Phone: _____

Date Complaint
Received: _____

COMPLAINT LOCATION

Name: _____

Address: _____

City: _____

Business Phone: _____

Complaint
Received By: _____

DESCRIPTION OF COMPLAINT Use additional sheets, if necessary.

- | | | |
|------------------------------|---|-------|
| <input type="checkbox"/> 1. | Path of Travel (CBC 1114B.1.2); location | _____ |
| <input type="checkbox"/> 2. | Parking (CBC 1129B); location | _____ |
| <input type="checkbox"/> 3. | Curb Ramps (CBC 1127B.5); location | _____ |
| <input type="checkbox"/> 4. | Stairways & Handrails (CBC 1133B.4); location | _____ |
| <input type="checkbox"/> 5. | Ramps (CBC 1133B.5); location | _____ |
| <input type="checkbox"/> 6. | Toilet Facility (CBC 1115B); location | _____ |
| <input type="checkbox"/> 7. | Walks & Sidewalks (CBC 1133B.7); location | _____ |
| <input type="checkbox"/> 8. | Doors (CBC 1133B.2); location | _____ |
| <input type="checkbox"/> 9. | Entrances & Exits (CBC 1133B.1); location | _____ |
| <input type="checkbox"/> 10. | Telephones (CBC 1117B.2); location | _____ |
| <input type="checkbox"/> 11. | Water Fountain (CBC 1117B.1); location | _____ |
| <input type="checkbox"/> 12. | Elevators (CBC 1116B); location | _____ |
| <input type="checkbox"/> 13. | Signs (CBC 1117B.5); location | _____ |
| <input type="checkbox"/> 14. | Other | _____ |
| <input type="checkbox"/> 15. | Other | _____ |

FOR CITY USE ONLY

RESULTS OF THE INSPECTOR'S INITIAL INVESTIGATION: (Within 21 days)

- ☐ Described complaint is not a code violation and no further action necessary.
- ☐ Complaint valid: violates California Access Laws and Regulations (C.B.C. Chapter 11) as described below.
- ☐ Conforms to C.B.C Chapter 11, but violates provisions of The American with Disabilities Act statute.

90-DAY RESOLUTION PERIOD. List the chronology of events/corrective actions leading to deficiency resolution.

Assigned Inspector _____
Signature Date

Building Official _____
Signature Date